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| Jean Svododa (Depositor's na Blakely Sokoloff Taylor & Zafman 12400 Wilshire Boulevard Seventh Floor Los Angeles, CA 90025 12/28/2004 EAREGAY2 00000099 09422127 (Signat 01 FC:2501 700.00 OP (D 21 2004 cember 30.00 OP 02 FC:8001 ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE EDWARD Y. AJAMIAN 36255/JWE/B6 5145 09/422,127 10/20/1999 TITLE OF INVENTION: CONTROL PLATFORM FOR MULTIPLE SIGNAL ROUTING AND INTERFACING IN AN AUDIO/VISUAL ENVIRONMENT PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY ISSUE FEE APPLN, TYPE \$685 01/04/2005 YES \$685 \$0 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT 381-119000 2644 LEE, PING Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Blakely Sokoloff 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Taylor & Zafman LLP (2) the name of a single firm (having as a member a Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ☐ Individual ☐ Corporation or other private group entity ☐ Governm Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. ☐ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number ____02-2666 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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